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CONFIRMATION NO. 1569

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| <b>SERIAL NUMBER</b><br>10/524,149 | <b>FILING OR 371(c) DATE</b><br>06/28/2005<br><b>RULE</b> | <b>CLASS</b><br>514 | <b>GROUP ART UNIT</b><br>1615 | <b>ATTORNEY DOCKET NO.</b><br>37945-0067 |
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/GB03/03562 08/14/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

UNITED KINGDOM 0218811.8 08/14/2002

**\*\* SMALL ENTITY \*\***

|  |   |                            |                           |                                |
|--|---|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>UNITED KINGDOM | <b>SHEETS DRAWING</b><br>1 | <b>TOTAL CLAIMS</b><br>14 | <b>INDEPENDENT CLAIMS</b><br>9 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |   |                            |                           |                                |
| Verified and Acknowledged  | Examiner's Signature                      | Initials                   |                           |                                |

**ADDRESS**

26633

**TITLE**

Salt of morphine-6-glucuronide

|                                    |   |  |
|------------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>1115 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees                              |
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